Attorney or Party Name, Address, Telephone & FAX Numbers, and California Sta	tate Bar Number FOR COURT USE ONLY		
UNITED STATES BANKRUPTCY COURT			
CENTRAL DISTRICT OF CALIFORNIA			
In re:			
	CHAPTER		
	CASE NUMBER		
	Politica and a second a second and a second		
	Debtor. (No Hearing Required)		
Please issue the required notice to the Original Creditor ident claim has been transferred:	ntified below that all right, title and interest in and to the following		
1. Person or entity to whom the claim has been transferred	d ("Substitute Creditor"):		
Name:	Telephone Number: ()		
Address:	_		
2. Date of Transfer of Claim:			
B. Type of Claim: Secured Priority Unsecured General Unsecured B. Amount of Claim: S 5. Date of Filing of Proof of Claim:			
6. Claims Docket Number:			
Name:			
Address:	_		
	_		

(Continued on next page)

F 3001.1

In re		CHAPTER
	Debtor.	CASE NUMBER
9. Attorney (if any) for Original Creditor, as set forth on Proof of C	laim:	
Name: To	elephone Numb	oer: ()
Address:		
10. A true and correct copy of the Proof of Claim originally filed is at the documents evidencing the transfer of the claim are attached.		
Dated: S	UBSTITUTE C	REDITOR
В	y:	
N	ame:	
I am employed in the above County, State of California. I am over business address is as follows:	the age of 18	and not a party to the within action. My
On, I served the foregoing down NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. 3001(1) this action by placing a true and correct copy thereof in a sealed enveloped.	e) on the intere	ested parties at their last known address ir
Mail at, California,		
Original Creditor (specify name and address):		
2. Attorney for Original Creditor (specify name and address):		
3. Other parties as indicated on the attached page		
I declare under penalty of perjury under the laws of the United State	s of America th	nat the foregoing is true and correct.
Dated:		
Type Name	Signatura	
Type Ivaille	Signature	